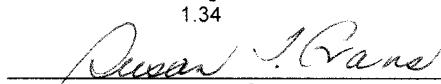


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 67934-8006.US00			
Application Number 10/581,571		Filing Date: 07/13/2007			
For Modified Macromolecules and Associated Methods of Synthesis and Use					
Art Unit: 1623 Confirmation No. 6987		Examiner Goon, Scarlett			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	<u>Small Entity Fee</u>		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	_____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	_____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	_____
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	1730
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					
<input type="checkbox"/> A check in the amount of the fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-4616.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the <input type="checkbox"/> applicant/inventor.					
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
<input checked="" type="checkbox"/> attorney or agent of record. Reg. No. <u>38,443</u>					
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34					
 <u>Susan T. Evans</u> Signature					
<u>Susan T. Evans</u> Typed or printed name					
<u>650 590-1918</u> Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
<input checked="" type="checkbox"/>	Total of <u>one</u> form is submitted.				